

Case Number:	CM14-0201099		
Date Assigned:	12/11/2014	Date of Injury:	09/03/2008
Decision Date:	02/04/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/02/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is licensed in Psychologist (PHD, PSYD) and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 49 year-old male (██████████) with a date of injury of 9/8/2008. The injured worker sustained injury to his neck and spine when he was moving a desk while working for ██████████. In his 10/2/14 "Visit Note", ██████████ diagnosed the injured worker with: (1) Postlaminectomy syndrome - cervical; (2) Pain psychogenic NEC; (3) Depression; (4) Unspecified major depression, recurrent episode; and (5) Posttraumatic stress disorder. Additionally, in his 11/11/14 "Primary Treating Physician's Progress Report", ██████████ diagnosed the injured worker with: (1) C3 to 7 anterior-posterior decompression and fusion, April 5 & 7, 2011; and (2) C3 to 7 laminectomy, June 30, 2009, ██████████. The injured worker has received treatment for his orthopedic injuries that have included medication and pain management services, physical therapy, home exercises, surgery, and participation in a functional restoration program in 2013. It is also reported that the injured worker developed psychiatric symptoms of depression and anxiety secondary to his orthopedic injuries and chronic pain. He received some psychological services within the FRP and began outpatient psychotherapy with ██████████ and her colleagues in February 2014. In their "Psychological and Behavioral Evaluation" dated 2/13/14, ██████████ and ██████████ diagnosed the injured worker with: (1) Unspecified major depression, recurrent episode; and (2) Generalized anxiety disorder. The injured worker has been participating in individual psychotherapy every 2 weeks to once per month since that evaluation. The request under review is for an extension of 5 out of 6 CBT sessions that had previously been authorized in October 2014, but expired in December 2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

5 Visits, extension of Cognitive Behavioral Therapy: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cognitive Behavioral Therapy (CBT). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cognitive Behavioral Therapy (CBT)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress Chapter; APA Practice Guideline For The Treatment of Patients With Major Depressive Disorder Third Edition (2010) Maintenance phase (page 19)

Decision rationale: Based on the review of the medical records, the injured worker has been receiving outpatient psychotherapy from [REDACTED] and/or her colleagues since February 2014. The sessions initially occurred biweekly, but are now occurring once per month for maintenance. In October 2014, the injured worker received authorization for an additional 6 CBT sessions, but only completed one of those sessions prior to their expiration at the end of the 2014 year. The request for an extension of the 5 already authorized sessions is appropriate given that the injured worker is receiving maintenance psychological services on a monthly basis. As a result, the request for "5 Visits, extension of Cognitive Behavioral Therapy" is medically necessary.